

Name
in
Full

Francis Ballard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---------------------|-----------------------|--------------------------------|--------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death 1905 | Month May | Day 26 | Years 78 | Months | Days |
| Sex Male | Color or Race White | Occupation Magistrate | Birth-place Fairmount | | |
| Married, Single or Widowed Single | | | | | |
| Name of Wife or Husband Dr R R Ballard | | | Father's Birthplace " " | | |
| Father's Name | | | Mother's Birthplace , | | |
| Mother's Maiden Name Sallie Waters | | | How related to deceased Cousin | | |
| Name of person giving Information Dr J. Maddox | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?



L. W. Landon
Landonville
Md

Name
in
Full

Elizabeth Cannon

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | |
|-----------------------------------|---------------|-----|---|---|------------|------|
| Died at | Town | | County | | MARYLAND | |
| Died at | Kingston | | Somerset | | | |
| Date of death | Month | Day | Years | | Months | Days |
| 1905 | May | 28 | 18 | | | |
| Sex | Female | | Color or Race | White | Birthplace | |
| Occupation | House wife | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Widow | | Name of Wife or Husband | Alfred Cannon, Deceased) | | |
| Father's Name | Martin Hooley | | | Father's Birthplace Fruittland Ind. | | |
| Mother's Maiden Name | Mary Carter | | | Mother's Birthplace Fruittland, Ind. | | |
| Name of person giving information | Mary Cannon | | | How related to deceased Daughter-in-law | | |

CAUSES OF DEATH

Primary

Cerebral Degeneration



How long

4 years

Immediate

Paralysis

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

O B B Lively M.D.

Address

Marion Station
Somerset County

Accident or Suicide?



Name
in
Full

Charlotte Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | |
|-----------------------------------|---|-------------------------|-------|----------|------|
| Died at | Town | County | | MARYLAND | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Birthplace | | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | George R Dennis, (Deed) | | | |
| Father's Name | Worcester Co., Md. | | | | |
| Mother's Maiden Name | Worcester Co., Md. | | | | |
| Name of person giving information | How related to deceased | | | | |

1905 May 21 60 Worcester Co., Md.
Female Black Worcester Co., Md.
General Service Worker
Widow George R Dennis, (Deed)
Peggy Allen Worcester Co., Md.
Sarah Marshall Worcester Co., Md.
Jane Gilham Sister

CAUSES OF DEATH

| | | | |
|-----------|---------------------------|----------|-----------|
| Primary | Organic Heart Disease | How long | Two years |
| Immediate | Exhaustion, & Drunkenness | How long | 4 days |

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

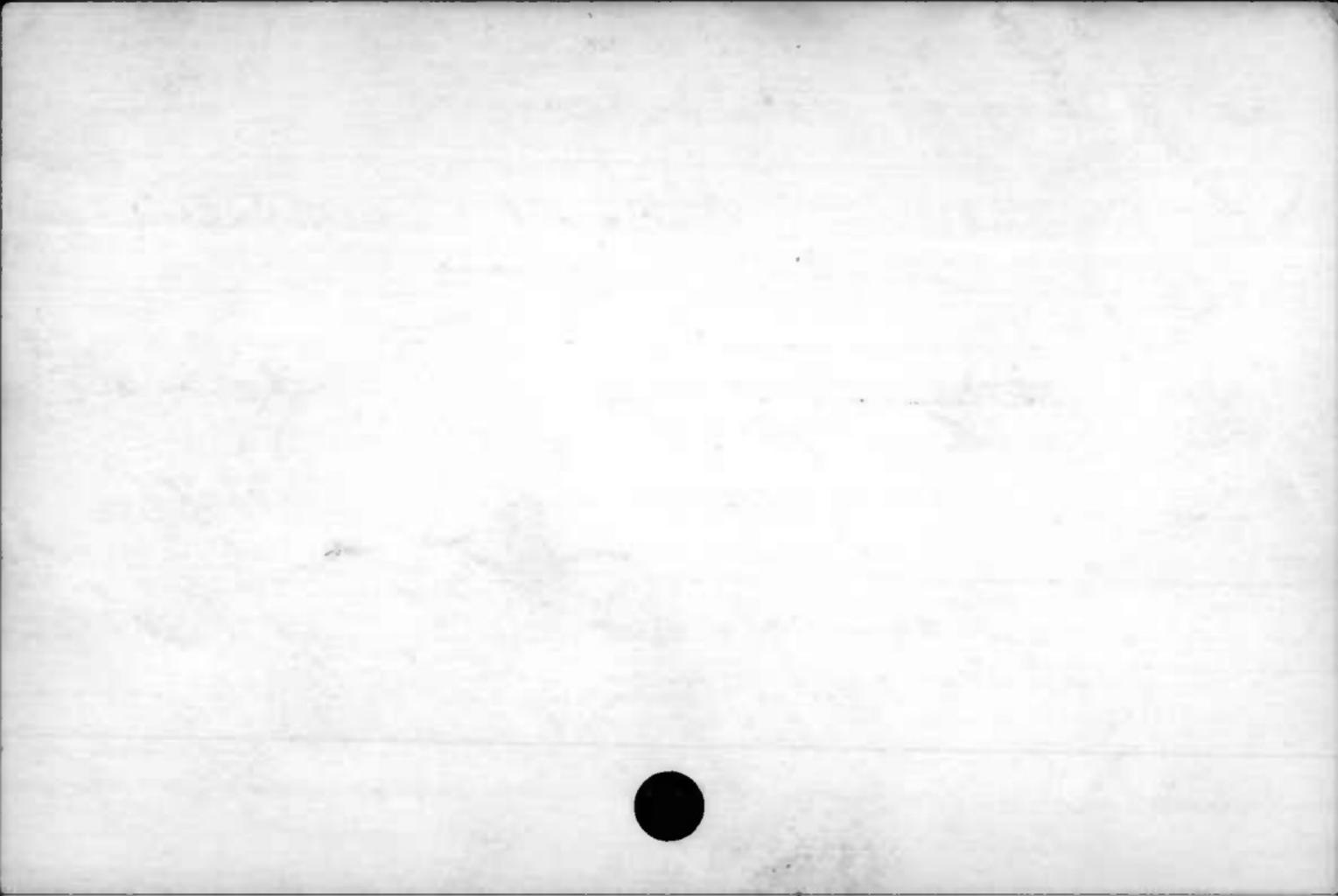
O.B. Black M.D.

Address

Marion Station

Somerset County

Accident or Suicide?



Name
in
Full

Florence A Dennis
Tangier Island Accomac

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--|---------------------------------|------------|------------|--------|------|--|
| Died at | Town | County | | | | |
| Date of death 1905 | Month 5 | Day 15 | Years | Months | Days | |
| Sex Female | Color or Race Colored | Birthplace | Wheaton Va | | | |
| Married, Single or Widowed Single | Occupation | | | | | |
| Name of Wife or Husband | | | | | | |
| Father's Name James Dennis | Father Birthplace Accomac Co Va | | | | | |
| Mother's Maiden Name Annie M Dennis | Mother's Birthplace " " | | | | | |
| Name of person giving information James Dennis | How related to deceased Father | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Brain Fever

How long

1 week

Immediate

Died on boat coming from Virginia

How long

Are the name, age, sex, color, date
and place clearly given above?

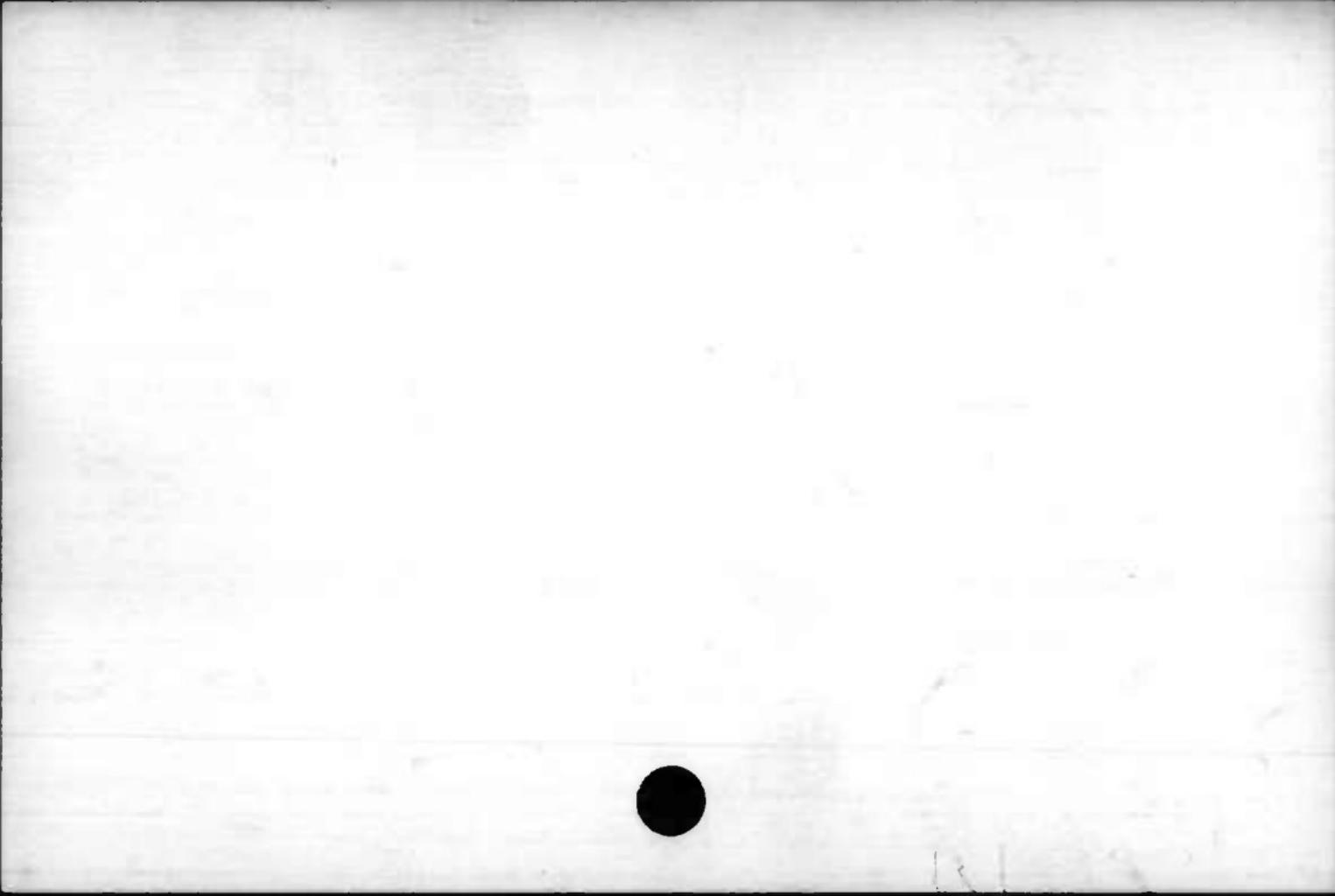
Yes

Signature
Physician

Address

James Dennis
Bloontown Va

Accident or suicide?



Name
in
Full

Marie Breckinridge Handy

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

| | | | | | |
|--|---|------------------------------|----------|------|--|
| Town | County | | MARYLAND | | |
| Died at Princess Anne | Somerset | | Months | Days | |
| Date of death 1905 May | Month 15 | Day | Years 69 | | |
| Sex Female | Color or Race white | Birth-place Paris, France | | | |
| Occupation House wife | Where Residing if not at place of death | | | | |
| Married, Single or Widowed Married | Name of Wife or Husband Rev. William L. Handy | Father's Birthplace Kentucky | | | |
| Father's Name Dr. Robert J. Breckinridge | Mother's Birthplace Virginia | | | | |
| Mother's Maiden Name Sophronista Preston | How related to deceased daughter | | | | |
| Name of person giving Information Sophronista P.H. Smith | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

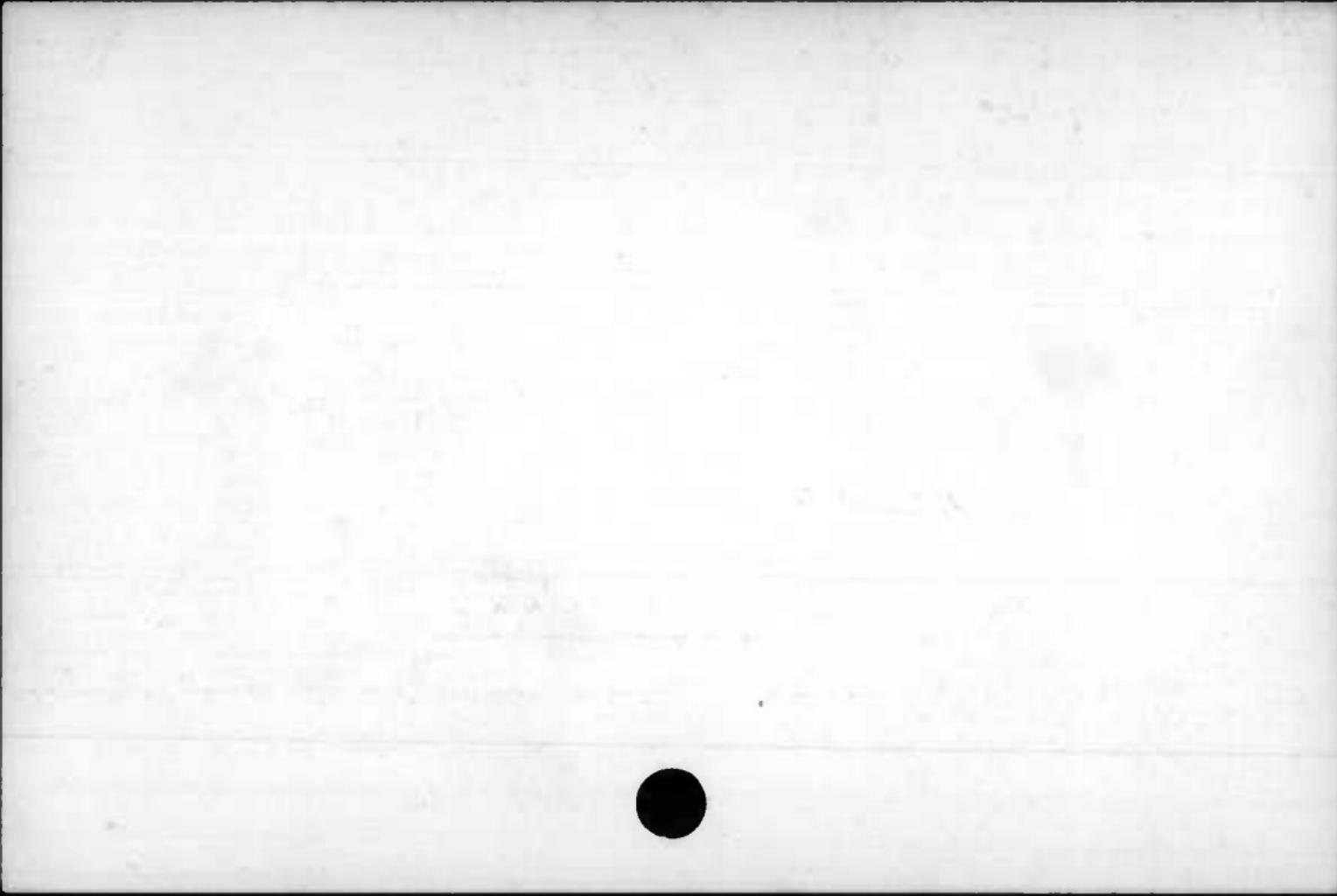
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Violet Kersley

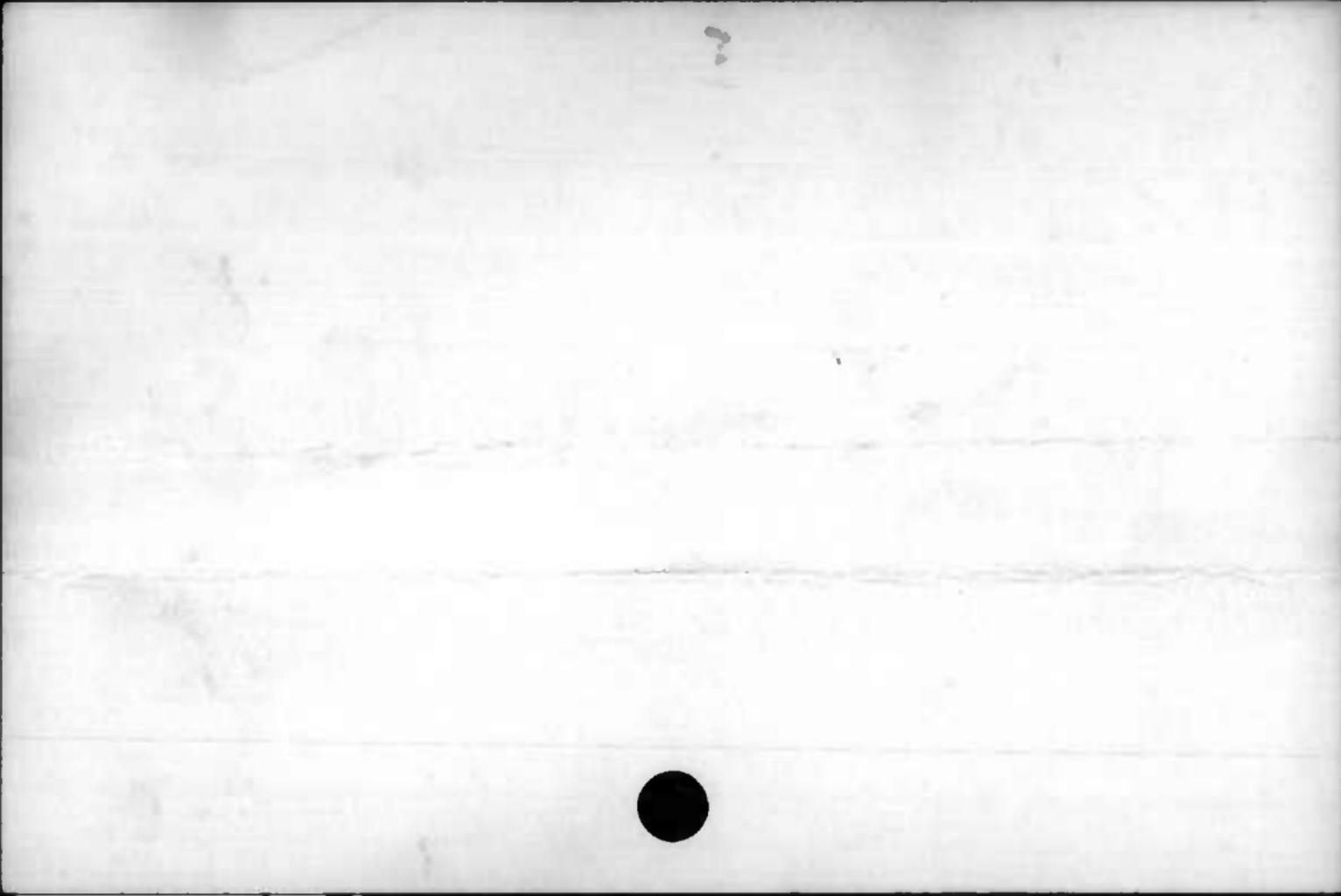
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|-------------------------|-------------|--------|------|
| Died at | Town | County | MARYLAND | | |
| Died at | near Poconoske | Somerset | | | |
| Date of death | Month | Day | Years | Months | Days |
| 1905 | May | 15 | 28 | | |
| Sex | Color or Race | Birth-place | | | |
| Female | Black | Worcester | | | |
| Occupation | Where Residing if not at place of death | | | | |
| Housewife | At place of death | | | | |
| Mother's Name or Widowed | Name of Husband | Frances Kersley | | | |
| Gilbert Laws | (154) | Father's Birthplace | Worcester D | | |
| Mother's Maiden Name | Hanna Laws | Mother's Birthplace | Worcester | | |
| Name of person giving information | Wesley & Kersley | How related to deceased | | | |

CAUSES OF DEATH

| | | | | |
|--|-------------------------|------------------------|--------------------|----------|
| Primary | Infirmitieis of old Age | | How long | one year |
| Immediate | Barzilis | | How long | 3 months |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | 97 Boston | |
| Yes | | Address | Poconoske 65 Md | |
| Accident or Suicide? | | | | |



Name
in
Full

Allan Gorman Knowles 5/5/19

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--|----------------------------|---|------------------------|---------------------------------------|-----------------|----------------|
| Died at <u>Wt Vernon</u> | | Town | County <u>Somerset</u> | | MARYLAND | |
| Date of death <u>1905</u> | Month <u>May</u> | Day <u>5</u> | Years <u>5</u> | Age <u>5</u> | Months <u>6</u> | Days <u>19</u> |
| Sex <u>Male</u> | Color or Race <u>White</u> | Where Residing if not at place of death | | Birth-place <u>Wt Vernon</u> | | |
| Occupation <u> </u> | | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | Father's Birthplace <u>Himico Co</u> | | |
| Father's Name <u>Allan G Knowles</u> | | | | Mother's Birthplace <u> </u> | | |
| Mother's Maiden Name <u>Sarah E Murray</u> | | | | How related to deceased <u>Father</u> | | |
| Name of person giving information <u>Allan W Knowles</u> | | | | | | |

CAUSES OF DEATH

| | | |
|-----------|----------------------|----------|
| Primary | <u>Heart Failure</u> | How long |
| Immediate | | How long |

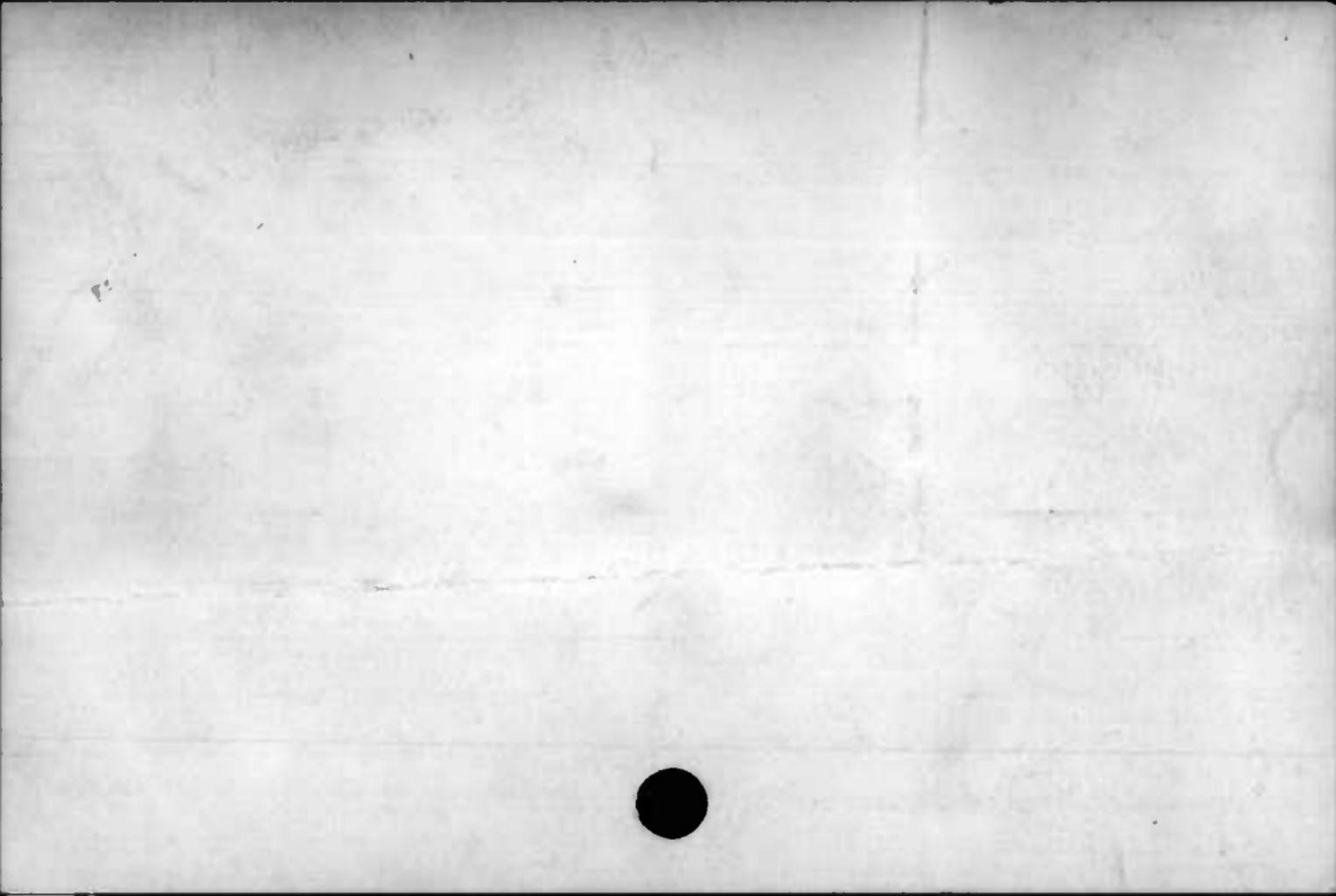
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Robert Henry Landing

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Boston Station County Somerset

MARYLAND

Date of death 1905 Month May Day 14 Years 10 Months 6 Days

Sex Male Color or Race Negro

Birth-place Somerset Co

Occupation Child

Where Residing if not
at place of death

at place of death

Widow

Name of Wife or
Husband

Father's Name

Robert Henry Landing

Father's Birthplace

Worcester Co

Mother's Maiden Name

Carrie

Mother's Birthplace

Delaware

Name of person giving information

Wesley & Garkey

How related to deceased

Brother

CAUSES OF DEATH

Primary

Tuberculosis

(21)

How long

Ten Months

Immediate

Exhaustion

How long

2 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

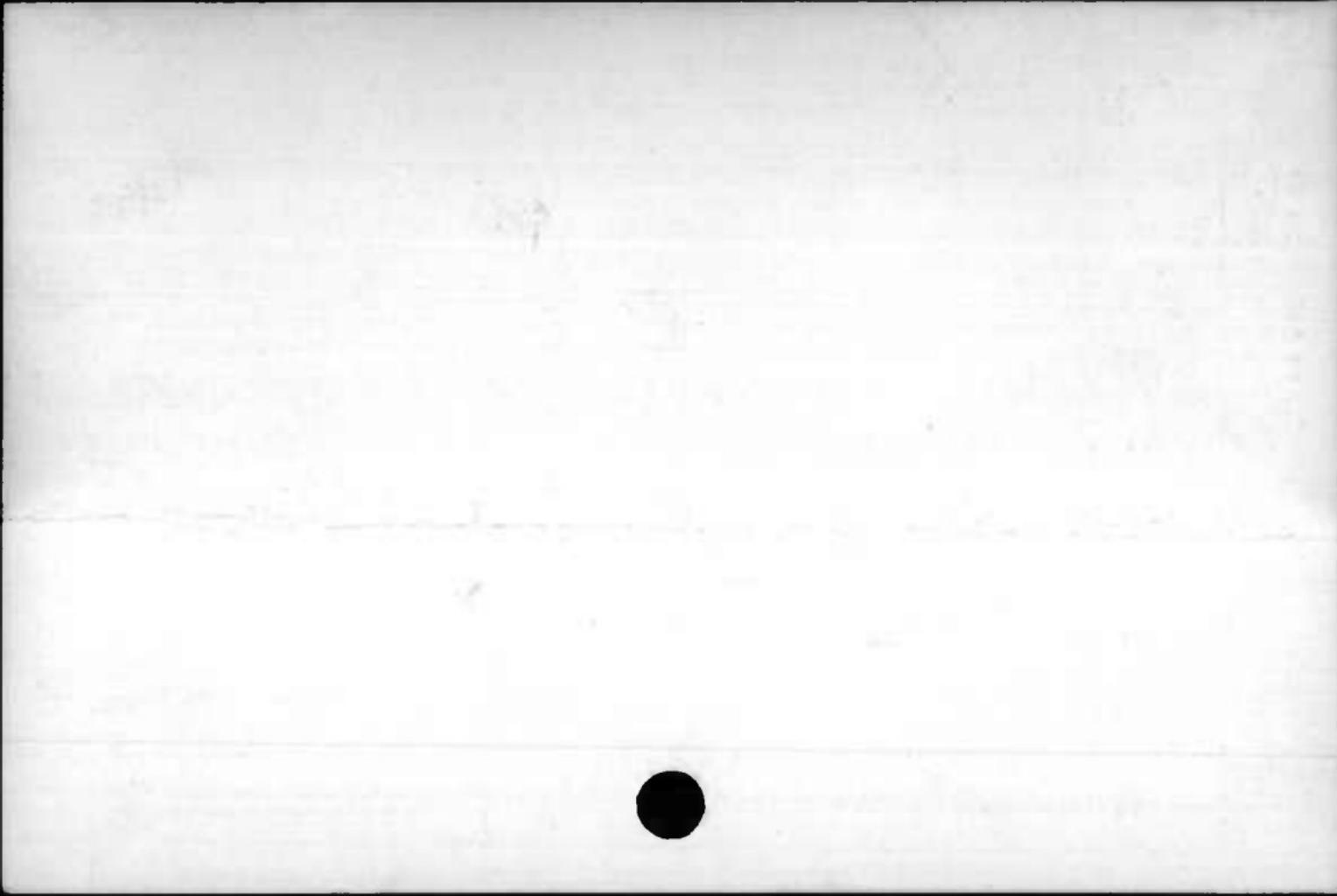
Signature of
Physician

Address

J T Boston

Promote Life -
Ind

Accident or Suicide?



Name
in
Full

John H. Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|---------------|-------------------------|-------------|-------------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Male | Color or Race | White | Birth-place | Somerset Co |
| Occupation | Where Residing if not at place of death | | Apewell | | |
| Married, Single or Widowed | Name of Wife or Husband | Mary | Father's Name | Not known | |
| Father's Name | Samuel Miles | | Father's Birthplace | | |
| Mother's Maiden Name | Not known | | Mother's Birthplace | | |
| Name of person giving information | Howard Swift | | How related to deceased | Niece | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

La Grippe

10

✓
How long

Immediate

Paralysis

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

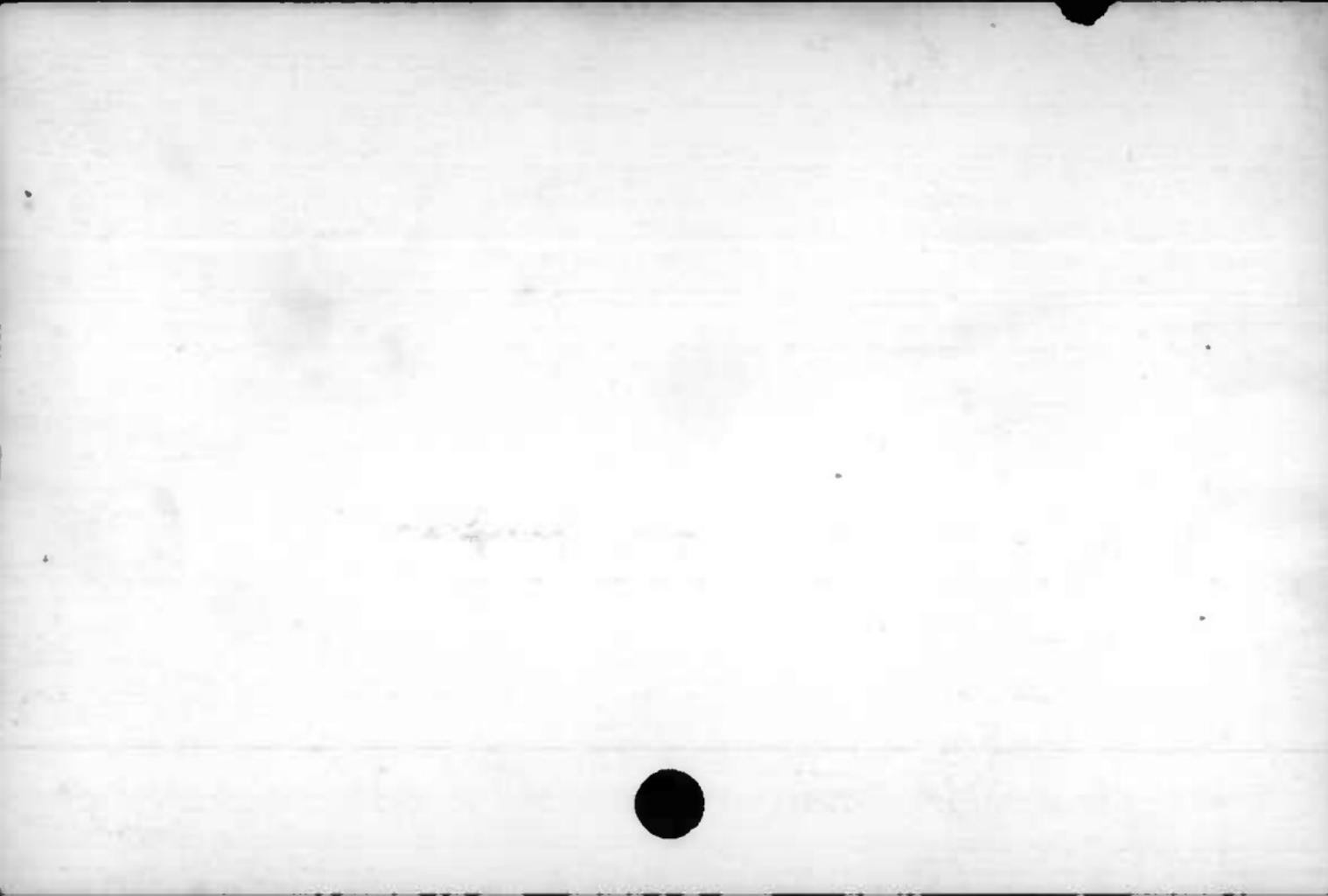
Signature of Physician

Address

J. F. Somers,
Crisfield, Md.

Accident or Suicide?

No



Name
in
Full

Infant without name Muschik (A.A.)

CERTIFICATE OF DEATH

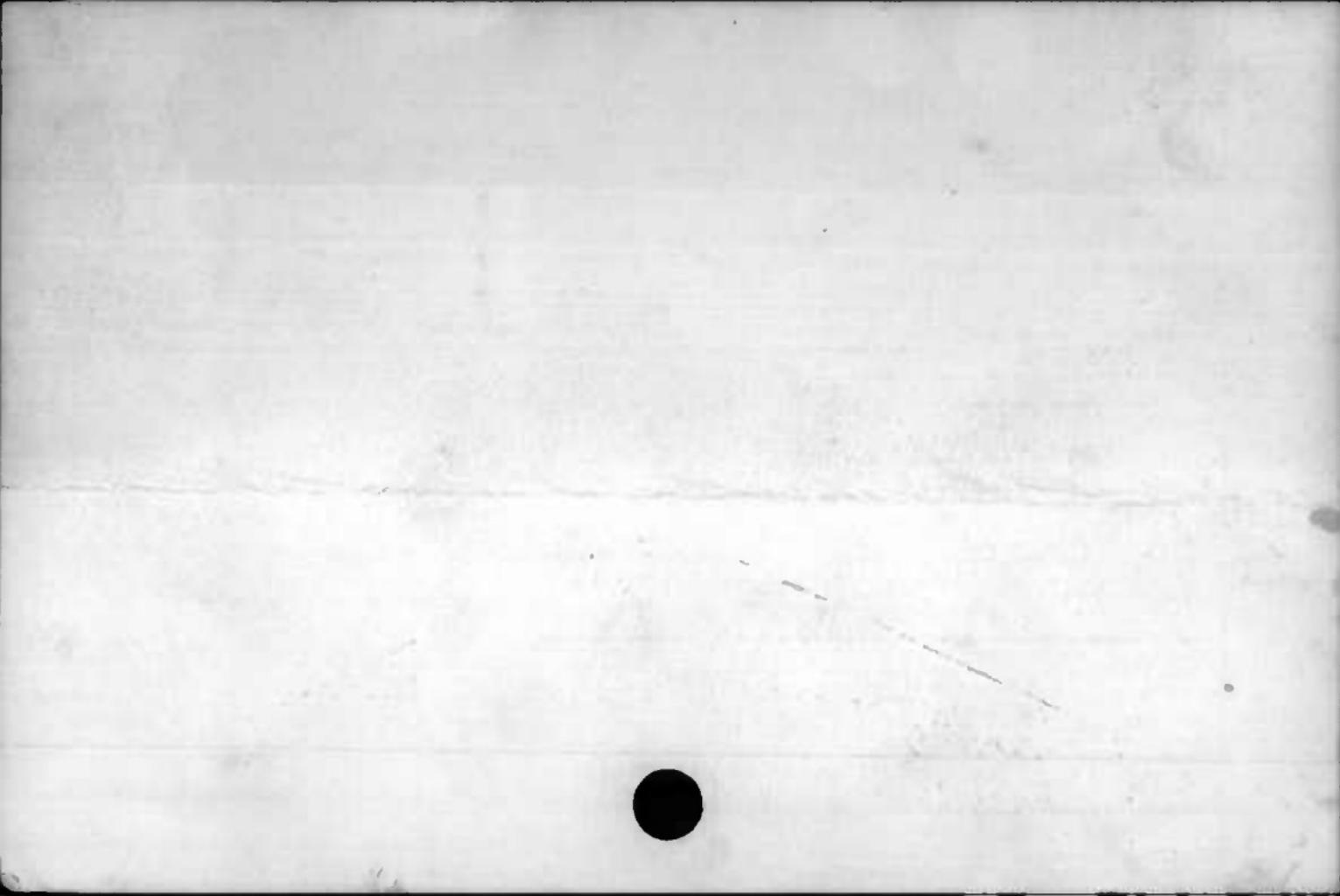
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|-----------------------------------|---|-------------------------|----------------|-------------|
| Died at | Town | County | MARYLAND | |
| Near Rehoboth | | Somerset Co | | |
| Date of death | Month | Day | Years | Months Days |
| 1905 | May | 21 | Age at birth | |
| Sex | Color or Race | Birth-place | | |
| Male | White | Somerset Md | | |
| Occupation | Where Residing if not at place of death | | | |
| Infant | at Place of death | | | |
| Married, Single or Widowed | Name of Wife or Husband | Father's Birthplace | Berlin Germany | |
| William | | Germany | Nicosia | |
| Mother's Maiden Name | Wilhelmine Berg | Mother's Birthplace | Germany | |
| Name of person giving information | William Muschik | How related to deceased | Father | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------------------------|------------------------|---------------------------------|
| Primary | Unknown | How long | After birth died immediately |
| Immediate | Regular breathing was not established | How long | half hour |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | Grace T Boston |
| Yes | | Address | Pocomoke City Md |
| Accident or Suicide? | | | |



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-----------------------|----------|-------------------------|----------------------|--------|------|--|
| Not named | | | | CERTIFICATE OF DEATH | | | |
| Died at | Town | County | | MARYLAND | | | |
| Date of death 1905 | Month May | Day 31st | Age | Years Still Born | Months | Days | |
| Sex Female | Color or Race Colored | | | Birth-place Somerset | | | |
| Married, Single or Widowed | Occupation | | | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | Corrie Roberts | | Father's Birthplace | Som. Co. | | | |
| Mother's Maiden Name | Mae Leatherberry | | Mother's Birthplace | Som. Co. | | | |
| Name of person giving Information | Corrie Roberts | | How related to deceased | Mother | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born

How long

—

Immediate

How long

—

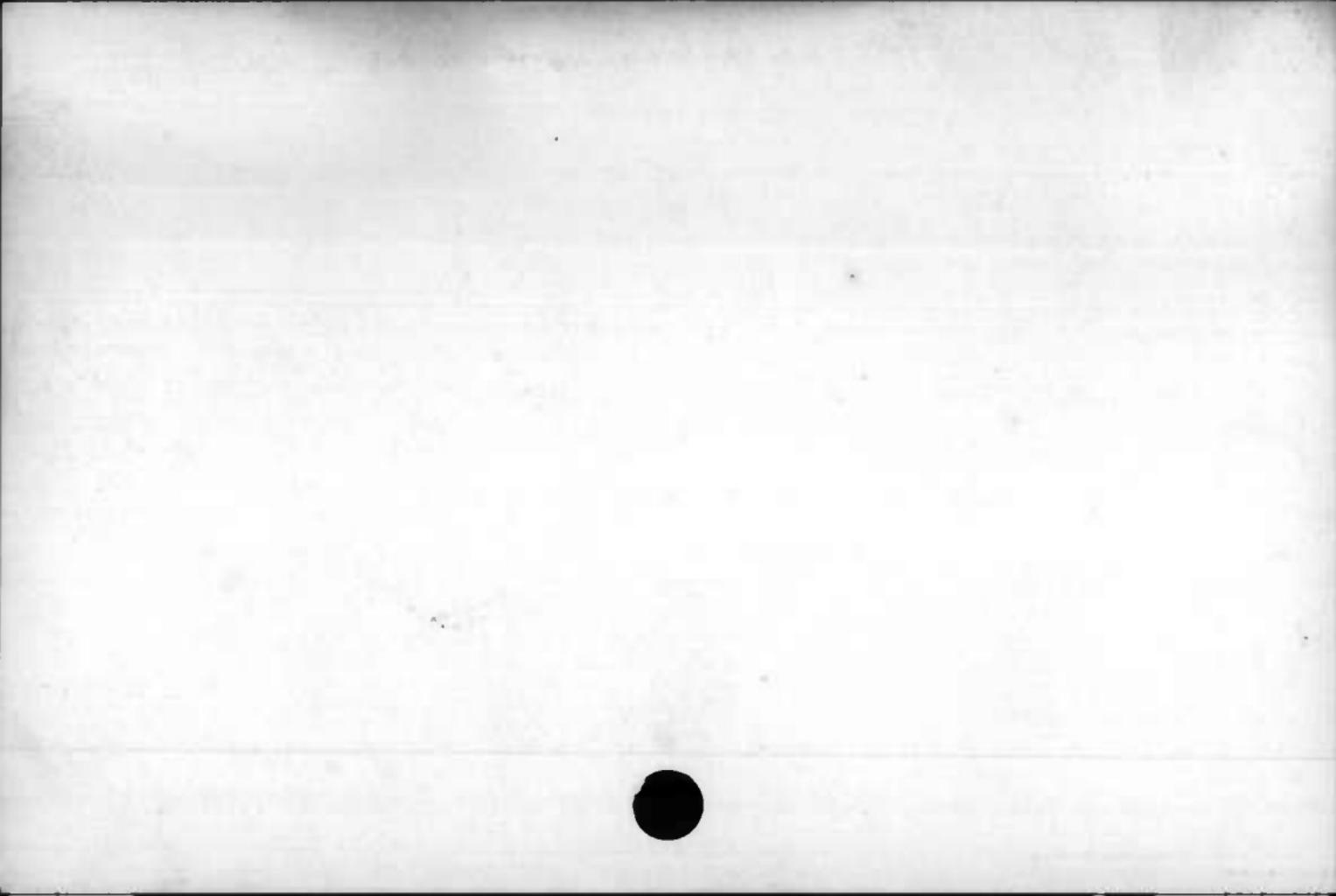
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. Grundon MD,
Somerset,
Som. Co., Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|---|--------|-------|----------------------|------|--|-------------------------|
| Pearl Robinson | | | | CERTIFICATE OF DEATH | | | |
| Died at | Town | County | | MARYLAND | | | |
| Date of death | Month | Day | Years | Months | Days | | |
| Sex | Color or Race | Age | - | Birth-place | 7 | | |
| Occupation | Where Residing if not at place of death | | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | | | |
| Father's Name | Thomas Robinson | | | | | | Father's Birthplace |
| Mother's Maiden Name | Georgia Jones | | | | | | Mother's Birthplace |
| Name of person giving Information | Georgia Jones | | | | | | How related to deceased |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus
asæmia

(151)

How long

7 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

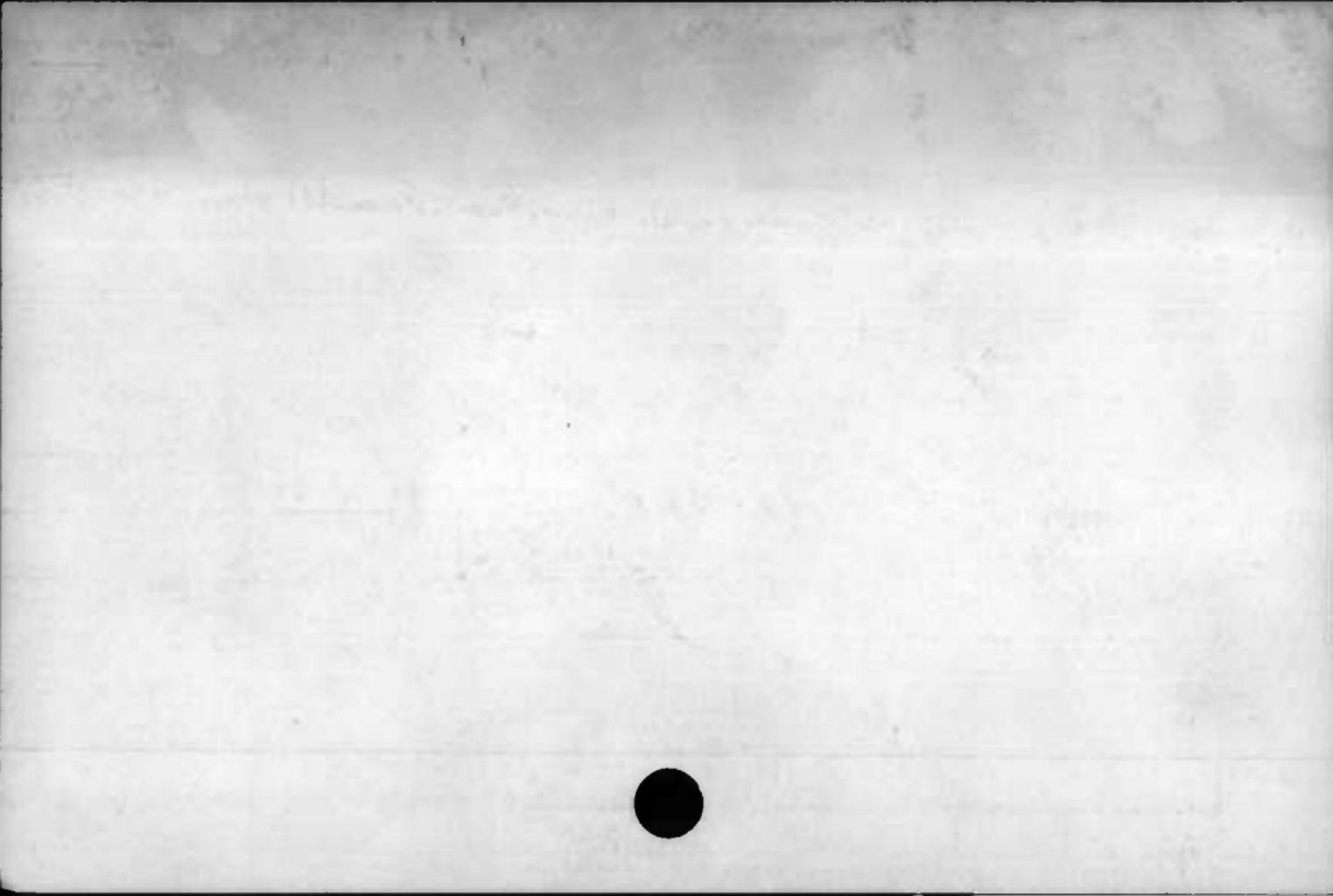
Signature of Physician

Address

H.G. Alexander
Somerset Co.

yes.

Accident or Suicide?



Daniel A. Simonsen

Town

County

Died at

Lewfield

Somerset

MARYLAND

Date 19

05-31-25

Month

Day

Age 84

M.

D.

Native of

Md

Occupation

Housework

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

None

Husband
of _____

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Lehoniae Bonchuk

How long sick

Death

Immediate

3 Years

Accident, Suicide, Homicide

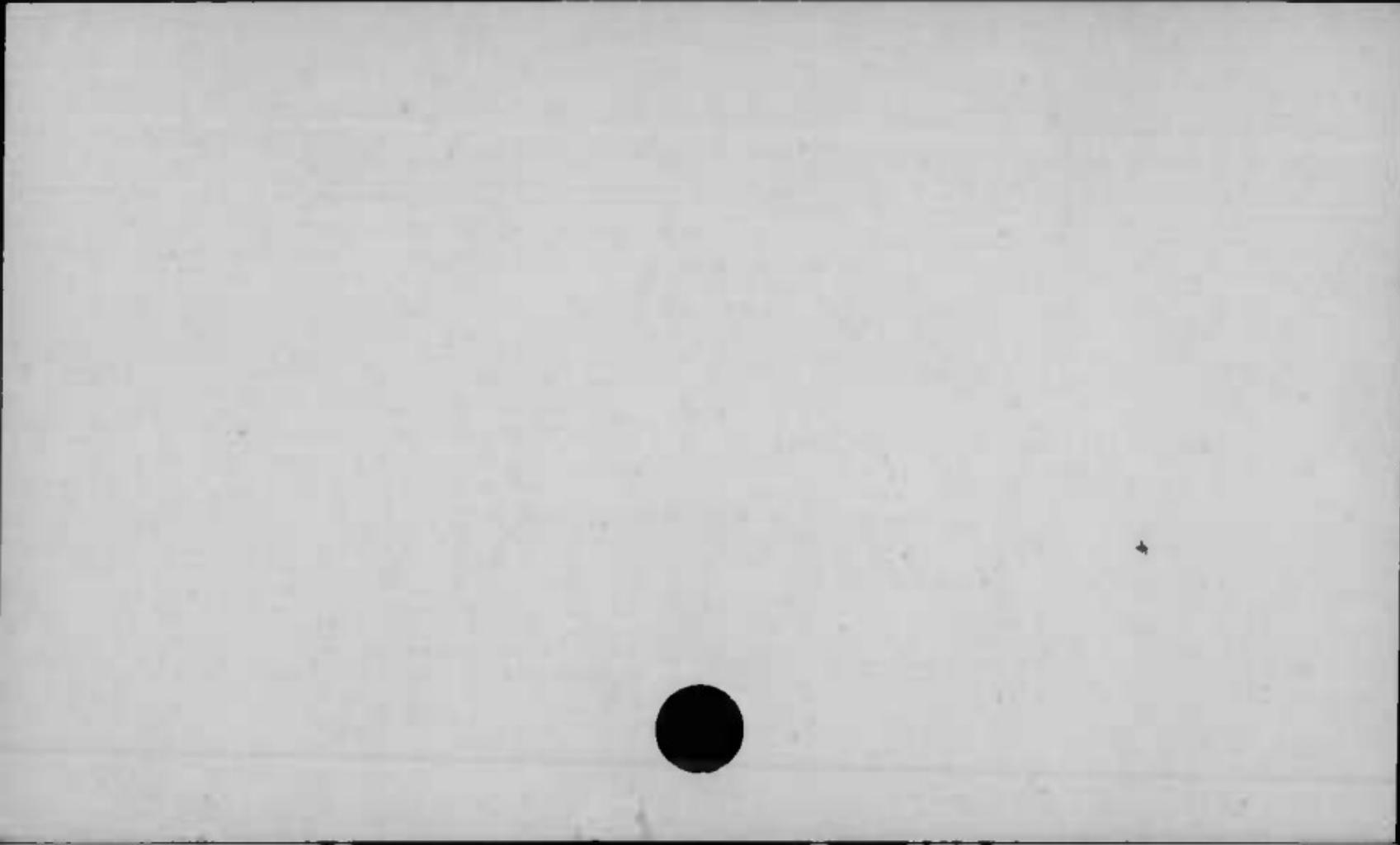
Reported by

G. J. Simonsen

Address

Lewfield, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Martha Ann Snall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|-----------------------------------|---|-------------|-------------------------|-------------|
| Died at | Town | County | MARYLAND | |
| Date of death | Month | Day | Years | Months Days |
| 190 | 5 | 3 | 73 | |
| Sex | Color or Race | Birth-place | | |
| Female | Blk | Fairmount | | |
| Occupation | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Name of Wife or Husband | Lavin Snall | | |
| Father's Name | Strongman Williams | | Father's Birthplace | |
| Mother's Maiden Name | Amelia " | | Mother's Birthplace | |
| Name of person giving information | G. H. Hall | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

6 mo's

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

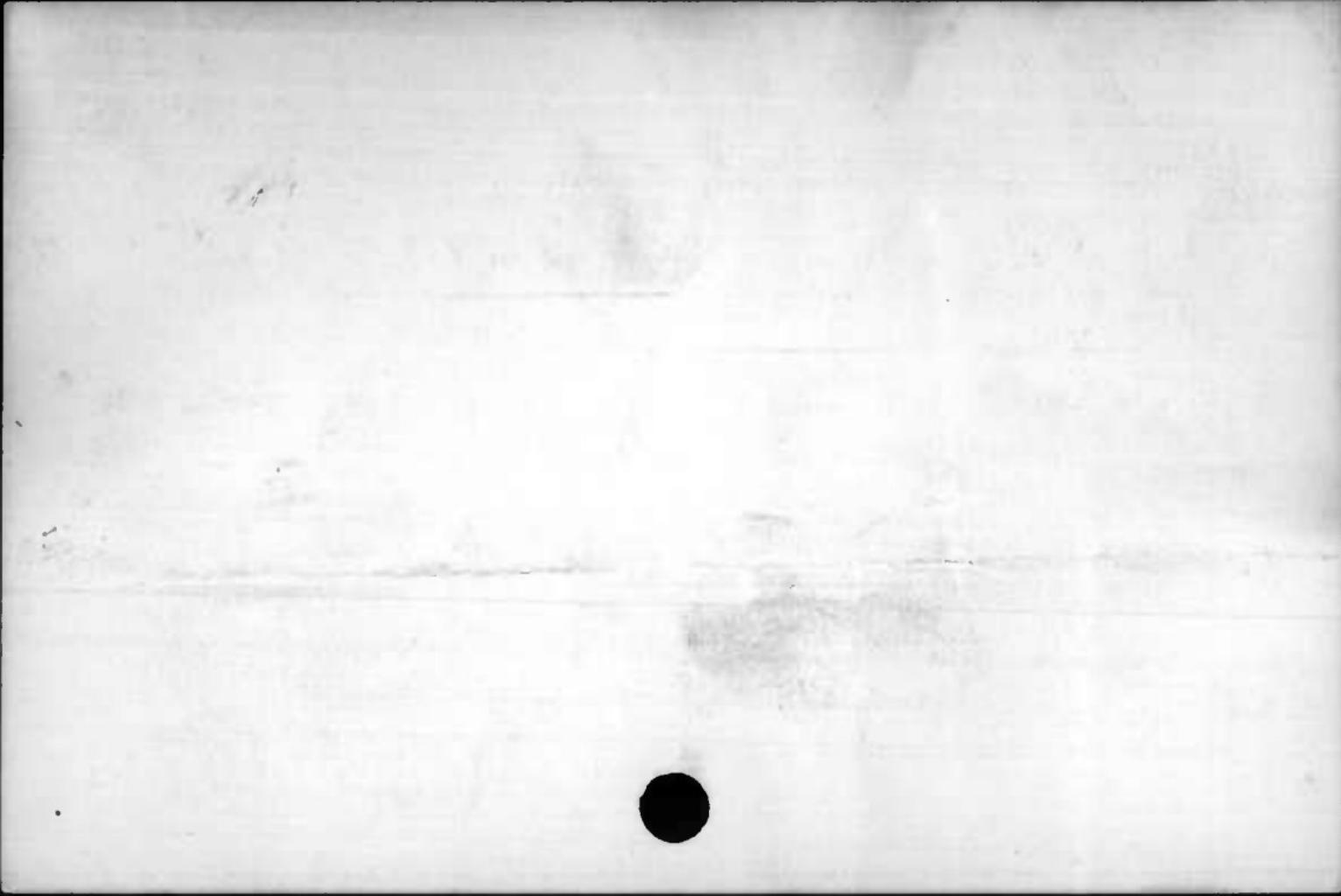
Yes

Signature of Physician

Address

G. H. Hall
Manor Inn P.O
Md

Accident or Suicide?



Name
in
Full

Maggie Somers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|-----------------|---|-----------------|----------|-------------------------|-----------------|
| Died at | Deal Island. | Town | County | MARYLAND | | |
| Date of death 190 | May | Month | 28 | Day | Years | Months |
| Sex | Female | Color or Race | White | Age | 34 | Days |
| Occupation | Housewife | Where Residing if not at place of death | | | Deal Island. | |
| Married, Single or Widowed | Married | Name of Wife or Husband | John S. Somers. | | | |
| Father's Name | Henry Shores | | | | Father's Birthplace | Chesapeake Bay. |
| Mother's Maiden Name | Emily Webster | | | | Mother's Birthplace | Deal's Island |
| Name of person giving Information | Willie A. Bond. | | | | How related to deceased | (Daughter) |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|----------------------|------------------------|-----------------------------|---------|
| Primary | Tetanus (Idiopathic) | | How long | 7½ days |
| Immediate | Asphyxia | | How long | 4 days. |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | H. G. Alexander | |
| | | Address | Deal Island Somerset Co. | |
| Accident or Suicide? | | | | |



Name in Full

Certificate of Death

Died at

Town Kingston
Charles Town

County

Somerset

MARYLAND

Month MayDay 17

Y.

M.

D.

Native of

Occupation

Date 1915
MaleAge 55
White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Cause of

Primary

Mother's
Name

Death

Immediate

How long sick

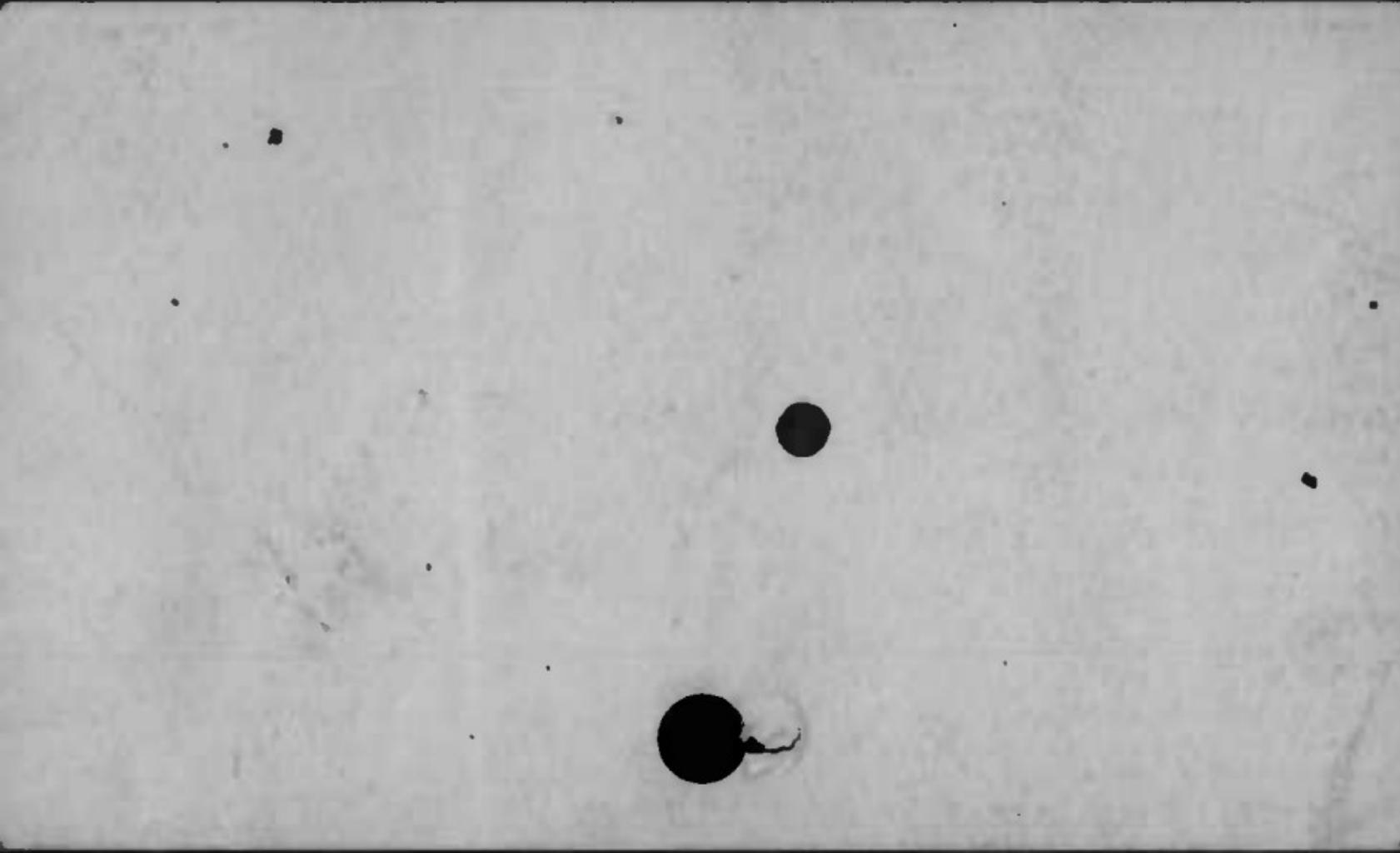
Accident, Suicide, Homicide

Reported by

Address

All. E. Co. Inc.Brownsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Fairpin

Town Wesloven County Somerset

CERTIFICATE OF DEATH

MARYLAND

| | | | | | |
|-----------------------------------|-----------------|---------------|-------|---|------------|
| Died at | Month | Day | Years | Months | Days |
| Date of death | 1905 | May | 28 | Age | 70 |
| Sex | Male | Color or Race | Black | Birth-place | Somerset |
| Occupation | Farmer | | | Where Residing if not at place of death | — |
| Married, Single or Widowed | | | | Name of Wife or Husband | — |
| Father's Name | Dont Know | | | Father's Birthplace | — |
| Mother's Maiden Name | Dont Know | | | Mother's Birthplace | — |
| Name of person giving information | George Williams | | | How related to deceased | Son in Law |

CAUSES OF DEATH

Primary Valvular Disease of Heart How long About 1 year

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

G.E. Dickinson
Upper Fairmount
Md.

Accident or Suicide?

